

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF WASHINGTON

In the Matter of:

| | | |
|---------------------------------|---|--|
| |) | Case No. _____ |
| Petitioner, |) | |
| and |) | GENERAL JUDGMENT OF CUSTODY AND PARENTING TIME |
| |) | <input type="checkbox"/> and SUPPORT |
| Respondent, |) | <input type="checkbox"/> ORDER RE: JURISDICTION AND MONEY AWARD |
| and |) | |
| |) | |
| <input type="checkbox"/> _____, |) | |

Child who is at least 18 and under 21 years of age, unmarried and unemancipated.
(ORS 107.108)

1. This matter came before the Court:

- On the motion and affidavit of Petitioner, the default of Respondent having been found.
- On the motion of Petitioner, the default of Respondent having been found, and Respondent being represented by a guardian ad litem or another person described in Rule 27.
- On the motion and affidavit of Petitioner, Respondent having filed a Waiver of Further Appearance.
- On the stipulations of the parties, as shown by the signatures below.
- At a hearing held _____, at which the following persons were present:
(Date)

| | |
|--------------------------------------|---|
| <input type="checkbox"/> Petitioner | <input type="checkbox"/> Petitioner’s attorney _____ |
| <input type="checkbox"/> Respondent | <input type="checkbox"/> Respondent’s attorney _____ |
| <input type="checkbox"/> Adult Child | <input type="checkbox"/> Adult Child’s attorney _____ |

2. Findings. The Court considered the: Affidavit Affidavit and stipulations Evidence presented and found that:

A. Children of the Parties. List names, dates of births, and ages.

| Name | Date of Birth | Age |
|------|---|-----|
| | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). | |
| | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). | |

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| Name | Date of Birth | Age |
|------|---|-----|
| | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). | |
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| | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). | |

B. Child Custody Jurisdiction. *(Check appropriate boxes)*

Oregon has jurisdiction under the Uniform Child Custody Jurisdiction and Enforcement Act to hear the custody parenting time issue because:

Oregon is the child/ren's home state (i.e., the child/ren have lived here continuously for the six month period immediately before this case was filed).

Other reason: _____

Oregon does not have jurisdiction under the Uniform Child Custody Jurisdiction Act because: _____

C. Child/ren Who Are At Least 18 and Under 21 Years of Age.

_____ (child/ren's name/s) is/are at least 18, 19, or 20 years of age, is unmarried and unemancipated and has:

Waived further appearance in these proceedings.

Signed and stipulated to the terms of judgment evidenced by the signature below.

Fully participated in the proceedings and the judgment effectively binds him/her to the terms.

NOW, THEREFORE, IT IS HEREBY ORDERED:

The terms of this judgment are effective immediately.

1. Parenting Plan

Custody of the child/ren is awarded as follows:

Petitioner is awarded sole custody of the following child/ren (*list names*): _____

Respondent is awarded sole custody of the following child/ren (*list names*): _____

The parties have agreed to joint custody of the following child/ren (*list names*): _____

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Petitioner Respondent shall have parenting time with the child/ren as set forth in the attached Parenting Plan, labeled Exhibit ____, or Other: _____

Petitioner Respondent shall not have parenting time because this would endanger the health and safety of the child/ren.

Parenting time shall be supervised by _____ Any cost of the supervision shall be paid by Petitioner Respondent Other: _____

Neither parent shall say things or knowingly allow others to say things in the presence of the child/ren that would take away the child/ren's love and respect for the other parent.

Petitioner and Respondent shall each provide contact addresses and contact telephone numbers to the other and notify each other of any emergency circumstances or substantial changes in the child/ren's health.

Neither parent shall move to a residence more than 60 miles further distant from the other parent without giving the other parent reasonable notice of the change of residence and providing a copy of such notice to the court, or the requirement of ORS 107.159 regarding notice of move is suspended for good cause found.

2. Cash Child Support. (You are required to complete this section even if child support is not ordered.)

Complete either (a) or (b) **AND** (c) below:

(a) Cash child support shall be paid by Petitioner to Respondent (or) Respondent to Petitioner beginning on the first or _____ of the month following the date of the judgment and continuing on the same day of each month thereafter. The total payment per month is \$ _____ for (*how many*) _____ children.

Child support shall be paid by Petitioner to **Adult Child Attending School** beginning on the first or _____ day of the month following the date of the judgment and continuing on the same day of each month thereafter in the amount of _____.

Child support shall be paid by Respondent to **Adult Child Attending School** beginning on the first or _____ day of the month following the date of the judgment and continuing on the same day of each month thereafter in the amount of _____.

(b) No cash child support is ordered in this judgment because:

An order, including medical support, for child support in the monthly amount of \$ _____ has already been ordered in Circuit Court case number _____
_____ in _____ County, Oregon.

Other reason: _____

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- (c) The child support worksheet on which the support amount was calculated is labeled “Exhibit ____” and attached to and incorporated in this judgment.
- The support award does not deviate from the amount presumed correct under the guidelines set out in the Oregon Administrative Rules.
- The support amount presumed correct under the guidelines is \$_____. The support award deviates from this amount because this Court finds application of the formula would be unjust or inappropriate in this case because *(list reasons)* _____
-
- (d) **Effect on existing orders.** This order shall modify and replace the following existing order *(list court/agency and case number)*: _____ because the existing order was issued by an Oregon court or agency, one of the parents or the child/ren receiving support under the order still resides in Oregon, and circumstances have changed since the order was entered.

3. **Medical Support.** Complete section (a) or (b), (c) or (d) **and** (e) below:

- (a) **Private Health Care Coverage is Appropriate and Available.**
- Petitioner Respondent Both Petitioner and Respondent has/have appropriate private health care coverage available for the parties’ child/ren through an employer, spouse, domestic partner or other source. Petitioner Respondent Both Petitioner and Respondent is/are ordered to obtain and/or maintain this coverage throughout the period of the support obligation for the benefit of the parties’ child/ren.
- Health care coverage is not ordered in this judgment because it has already been ordered in another case as described in section 2(b) above.
- (b) **No Private Health Care Coverage is Appropriate or Available.**
- Neither Petitioner nor Respondent has appropriate private health care coverage available for the parties’ child/ren. Petitioner Respondent Both Petitioner and Respondent must provide appropriate private health care coverage for the child/ren when such coverage becomes available to them at a reasonable cost through any source.
- The custodial parent shall enroll or maintain the child/ren in public health care coverage.
- Health care coverage is not ordered in this judgment because it has already been ordered in another case as described in section 2(b) above.

NOTICE ABOUT PRIVATE HEALTH INSURANCE ENROLLMENT

If services are provided by the Division of Child Support, the obligor and oblige must inform the administrator in writing of any change in private health insurance enrollment status within 10 days of the change.

(c) **Cash Medical Support Ordered.**

Because neither parent has appropriate private health care coverage available for the parties' child/ren: The parent obligated to pay child support must pay cash medical support in the monthly amount of \$_____ to the parent receiving child support whenever the paying parent does not provide appropriate private health care for the child/ren. This medical support may be collected by and assigned to the State of Oregon if the child is on public health care.

NOTE: Cash medical support **must** be ordered whenever neither parent provides appropriate private health care coverage for the child/ren, *unless* findings are included stating why cash medical support is not required *see section (d) below*.

OR

To help defray the cost of health care coverage provided by Petitioner Respondent for the parties' child/ren, or to help defray the cost of uninsured medical expenses, Petitioner Respondent must pay \$_____ for cash medical support to Petitioner Respondent.

(d) **Cash Medical Support Not Ordered.**

Cash medical support is not ordered for the following reasons:
 The income of the parent obligated to pay child support has a gross monthly income at or below the Oregon minimum wage for full-time employment.
 The parent obligated to pay support is receiving public assistance.
 Other reason: _____

(e) **Responsibility for Uninsured Health Expenses.**

Petitioner must pay _____% and Respondent must pay _____% of the reasonably incurred uninsured health, accidental, dental, orthodontic, and optical costs incurred by the child/ren, including costs for prescriptions. This obligation is in addition to any cash medical support ordered.

4. Length of Child Support.

The support for each child shall continue until the child reaches 18 years of age, or is otherwise emancipated, or until the child reaches age 21, so long as the child is a child attending school, as defined by Oregon law.

NOTICE ABOUT PERIODIC REVIEWS

If you are receiving child support services through the Department of Justice pursuant to option (a) above, either parent may request that the Department of Justice/Division of Child Support review the amount of support ordered after three years from the date the order took effect or at any time upon a substantial change of circumstances.

5. Payment of Child Support

Pursuant to ORS 25.378(1), an income withholding order shall be issued to enforce the child support obligation unless an exception is indicated below.

Exceptions to withholding. Income withholding is not ordered at this time because there is no support arrearage, the paying parent has not previously been granted an exemption from withholding, and:

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The parents, and the State, if support rights are assigned, have agreed in writing to an alternative arrangement; or

Good cause not to require withholding is found because there is proof of timely payment of previously-ordered support and income withholding would not be in the best interests of the child.

All payments of child support shall be made (*check either (a) or (b) below*):

- (a) To the Oregon Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 or by electronic payment withdrawal (EPW) or electronic funds transfer (EFT).
- (b) Pursuant to the above exception, directly to Petitioner's Respondent's Child Attending School's checking or savings account. A receipt of deposit shall be kept by the parent paying support as proof of payment. A canceled check is also prima facie evidence that payment has been made. The person receiving support shall provide the paying parent with current deposit slips and/or bank name, account name and account number.

NOTICE OF INCOME WITHHOLDING

This child support order is enforceable by income withholding under ORS 25.378 to 25.390, 25.414 to 25.372 and 25.375. Withholding shall occur immediately, whenever there is an arrearage at least equal to the support payment for one month, whenever the obligated parent requests such withholding, or whenever the obligee requests withholding for good cause. The District Attorney or, as appropriate, the Division of Child Support of the Department of Justice, will assist in securing such withholding. Exceptions may apply in some circumstances.

NOTICE ABOUT PARENTING TIME AND CHILD SUPPORT

The terms of child support and parenting time (visitation) are designed for the child's benefit and not the parents' benefit. You must pay support even if you are not receiving parenting time. You must comply with parenting time and visitation orders even if you are not receiving child support.

Violation of child support orders and visitation or parenting time orders is punishable by fine, imprisonment or other penalties.

Publicly funded help is available to establish, enforce, and modify child support orders. Paternity establishment services are also available. Contact your local district attorney, the domestic relations court clerk, or the Department of Justice at 1-800-850-0228 or 503-378-5567 for information.

Publicly funded help may be available to establish, enforce, and modify parenting time or visitation orders. Forms are available to enforce parenting time or visitation orders. Contact the domestic relations department or courthouse facilitator for information.

6. Dependents for Tax Purposes.

Petitioner Respondent shall be entitled to claim the following child(ren) as dependent(s) for tax purposes beginning the year this judgment is entered (*list names*): _____

Per IRS regulations

Other (*specify*): _____

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7. Life Insurance Coverage for Child/ren.

Petitioner Respondent shall obtain and maintain life insurance for the benefit of the parties' child/ren throughout the period of the support obligation if he/she is insurable. The coverage shall be in the amount of \$_____.

8. Additional Provisions: _____

Additional page attached labeled "Paragraph 8—Additional Provisions continued."

9. Court Costs and Fees.

A. Deferred or Waived Costs and Fees

Any court costs and service fees that were deferred (required to be paid at a later date) or waived by the court shall be paid by:

- Petitioner Amount: _____
- Respondent. Amount: _____
- Both parties equally Amount: _____
- Other: _____

B. Costs and Fees Paid by the Parties

- Each party shall be responsible for paying his/her own court costs and service fees for this case.
- To be paid by both parties equally
- Petitioner Respondent shall reimburse the other party for his/her court costs and service fees for this case.
- Other: _____

Judgment shall be entered according to the cost and fee allocation listed above.

10. Information Required by ORS 25.020 and ORS 107.085.

Based on a finding that the health, safety, or liberty of Petitioner Respondent or a child, _____, would unreasonably be put at risk by disclosure of the following information, Petitioner Respondent has been allowed not to disclose this information.

Both parties shall inform the Court and the Department of Justice (P.O. Box 14506, Salem, Oregon 97309) in writing of any change in the below information required by ORS 25.020 within 10 days of such change, unless a finding of unreasonable risk has been made in this case. If the court has ordered that a party be allowed not to disclose information, the Department of Justice or the District Attorney shall not disclose the information in the following section to the other parent.

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Otherwise:

| | Petitioner | Respondent |
|--------------------------------|---|---|
| Full Name | | |
| Former Legal Name(s) | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). |
| Age | | |
| Address or Contact Address | | |
| Telephone or Contact Telephone | | |
| Social Security Number | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). |
| Driver License Number | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). |
| Employer Name | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). |
| Employer Address | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). |
| Employer Telephone | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). | Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF). |

11. Money Award. Child Support Obligation included not included.

| | PETITIONER | RESPONDENT | ADULT CHILD ATTENDING SCHOOL |
|----------------------------|-------------------|-------------------|-------------------------------------|
| Full Name | | | |
| Address or Contact Address | | | |

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| | PETITIONER | RESPONDENT | ADULT CHILD ATTENDING SCHOOL |
|---|--|---|------------------------------|
| Attorney's Name, Telephone Number and Address (if applicable) | | | |
| The following information is to be provided by any party entitled to receive a money award (a "judgment creditor") as listed in this Judgment. | | | |
| Year of Birth | | | |
| Last Four Digits of Driver License Number and State of Issuance | | | |
| Last Four Digits of the Support Obligor's Social Security Number | | | |
| Others Entitled to Portions of Judgment Payable to PETITIONER | The following person(s) or public bod(ies) are known by Petitioner to be entitled to a portion of a payment made on the judgment (other than Petitioner's attorney): None or <input type="checkbox"/> _____ _____ | | |
| Others Entitled to Portions of Judgment Payable to RESPONDENT | The following person(s) or public bod(ies) are known by Respondent to be entitled to a portion of a payment made on the judgment (other than the Respondent's attorney): None or <input type="checkbox"/> _____ _____ | | |
| Child Support Award | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | \$_____ per month, of which <u>none (\$)</u> or <input type="checkbox"/> \$_____ is cash medical support, starting on _____ (date) and continuing on the same day of each month thereafter. | |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | <input checked="" type="checkbox"/> Cash medical support will not accrue whenever private health care coverage is being provided by the judgment debtor/obligor. <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's prior obligation to <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent terminates (date) _____. | |

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| | | |
|---|---|---|
| Child Support Award to Adult Child Attending School | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | \$_____ per month, of which <u>none (\$)</u> or <input type="checkbox"/> \$_____ is cash medical support, starting on <i>(date)</i> _____ and continuing on the same day of each month thereafter. <input checked="" type="checkbox"/> Cash medical support will not accrue whenever private health care coverage is being provided by the judgment debtor/obligor. <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's prior obligation to <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent terminates <i>(date)</i> _____. |
| | WHO RECEIVES <input type="checkbox"/> Child Attending School | |
| Child Support Award to Adult Child Attending School | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | \$_____ per month, of which <u>none (\$)</u> or <input type="checkbox"/> \$_____ is cash medical support, starting on <i>(date)</i> _____ and continuing on the same day of each month thereafter. <input checked="" type="checkbox"/> Cash medical support will not accrue whenever private health care coverage is being provided by the judgment debtor/obligor. <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's prior obligation to <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent terminates <i>(date)</i> _____. |
| | WHO RECEIVES <input type="checkbox"/> Child Attending School | |
| Postjudgment Interest (Note: ORS 21.700 disallows interest on fees that have been deferred.) | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | Nine percent per annum simple interest on the unpaid balance of the total judgment amount(s) of \$_____. Interest accrues from the date the judgment is entered and continues until fully paid. |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | |
| Accrued Arrears (if any, on judgments to be paid on a periodic basis) | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | 1. \$_____ per month, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other:_____ of the month following the date of the judgment until the total amount of \$_____ is paid in full; or 2. A lump sum payment of \$_____ to be paid by: <i>(date)</i> _____ |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | |

| | | |
|---|---|----------------------|
| Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees) | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | \$ _____ \$ _____ |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> State or Oregon | |
| Attorneys Fees (if any) | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | \$ _____ |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | |

DATED this _____ day of _____, 20_____.

Circuit Court Judge

Print Name

- Approved as to form** (*based on a judge's ruling from a trial*)
- All parties have agreed** (*stipulated*) **to the terms of this judgment.** (Sign before a notary public or court clerk only.)

Petitioner, Signature

State of _____)

County of _____)

This instrument was acknowledged before me on (*date*) _____, 20_____,

by (*name of person*) _____.

Notary Public for _____/Court Clerk
My Commission Expires: _____

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Respondent, Signature

State of _____)

County of _____)

This instrument was acknowledged before me on (date) _____, 20_____,

by (name of person) _____.

Notary Public for _____/Court Clerk
My Commission Expires: _____

If applicable, child who is at least 18 and under 21 years of age, has agreed (stipulated to the terms of this judgment):

Child, Signature

State of _____)

County of _____)

This instrument was acknowledged before me on (date) _____, 20_____,

by (name of person) _____.

Notary Public for _____/Court Clerk
My Commission Expires: _____

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to _____ for assistance in preparing this form.

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Submitted by:

 Petitioner Respondent, Signature

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone

Certificate of Mailing. I certify that I mailed a copy of this judgment and attachments thereto by U.S. Mail with postage paid to the other party at the following address: _____
on the following date: _____.

 Petitioner Respondent Signature

Print Name

I certify that this is a true copy.
(do not sign this line on the original)

 Petitioner Respondent Signature